

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION
(37 CFR 1.63)

Attorney Docket No.: P-0022-US

First Named Inventor: MARENICK, Michael, et al.

Application No.: To Be Assigned

Filing Date: October 23, 2001

Group Art Unit: To Be Assigned

Examiner Name: To Be Assigned

As inventor(s) named below, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HYDROLIZED WHOLE EGG PRODUCTS & RELATED METHODS

The specification of which;

a. ☒ [x] is attached hereto.

b. ☐ [] was filed on

PCT FILED APPLICATION ENTERING NATIONAL STAGE

c. ☐ [] was described and claimed in International Application No.

_____ filed on _____ as amended on _____
(if any)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

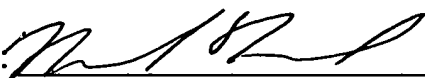
I acknowledge the duty to disclose information, which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, 1.56.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that those statements were made with the knowledge that willful false statements and the like, so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby specify the following as the correspondence address to which all communications about this application are to be directed:

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208070 E626E007

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Inventor's Signature: Aly Galderisi Date: 10/19/01

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Country: U.S.A

Post Office Address _____

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